

Phone: 281-3179

[illegible]

Section 4: Project Description

| | |
|---|---|
| A. Grant Title | |
| B. Grant Location | Include: Street Address, City, State, Zip |
| C. Counties Served | |
| D. Date(s); Time(s) | |
| E. Proposed Number of People to See Your Work | |
| F. Goals | What you hope to achieve through your project, for yourself and others. |
| G. Purpose | Related to increasing the knowledge of your form of disability. |

Section 5: Publicity

(how will your grant achieve name recognition for VSA arts of Iowa? Examples include local newspaper, local radio, community calendar, bulletin boards, church bulletin, personal interviews etc.)

| | |
|--------------------------|---|
| Publicity Source (Title) | Details of Publicity (Dates, type of media, etc.) |
| | |
| | |
| | |

Section 6: Expense Budget

| | Cash from VSAI Grant | Cash from other sources | Cash subtotal | In-Kind Donation | Subtotals |
|--------------------------|----------------------|-------------------------|---------------|------------------|--------------|
| Personal (e.g. salaries) | | | | | |
| Supplies | | | | | |
| Equipment or Space | | | | | |
| Publicity | | | | | |
| Travel | | | | | |
| Other | | | | | |
| Totals: | | | | | Total |

For VSA arts of Iowa Office Use Only

Date Funded: _____ 1st Payment Date: _____ Check Number: _____ Amount: _____
Amount Funded: _____ 2nd Payment Date: _____ Check Number: _____ Amount: _____